MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 25857 Primary Registration District No. (a) Residence, No.... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3/ SEX SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) I HEREBY CERTIFY, That A attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE YEARS C DAYS If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year)..... occupation.... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Name of operation..... 14. BIRTHPLACE (CITY OF TO What test confirmed diagnosis?..... Was there an autopsy?...... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: y item of informa DEATH in plain Where did injury occur? (Specify city or town, county, and State) 16, BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 18. BURIAL, CREMATION, OR REMOVAL 24. Was disease or injury in any way related to occupation of deceased?. If so, specify (Signed)... Gistrar.

